

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Promoting Recovery from Damage to the Central Nervous System																						
Application Number : Date : First Named Applicant: Seth P. Finklestein Attorney Docket Number: CBA-003.02																							
<b>TOTAL FEE AUTHORIZED \$ 417</b>																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1"><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 375</td></tr></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375	Subtotal For Basic Filing Fees: \$ 375											
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Utility Filing Fee	2001	375	375																				
Subtotal For Basic Filing Fees: \$ 375																							
EXTRA CLAIM FEES																							
<table border="1"><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Total Claims : 20</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 4</td><td>1</td><td>2201</td><td>42</td><td>42</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 42</td></tr></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	2202	9	0	Independent Claims : 4	1	2201	42	42					Subtotal For Extra Claims Fees: \$ 42
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 20	0	2202	9	0																			
Independent Claims : 4	1	2201	42	42																			
				Subtotal For Extra Claims Fees: \$ 42																			
<b>AUTHORIZED BILLING INFORMATION</b>																							
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																							
Deposit account number:	061448																						
Access Code	*****																						
Deposit name:	FOLEY,HOAG AND ELIOT LLP																						
Deposit authorized name:	SCOTT E. KAMHOLZ																						
Signature:	SCOTT E. KAMHOLZ																						
Date (YYYYMMDD):	2003-09-30																						
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							